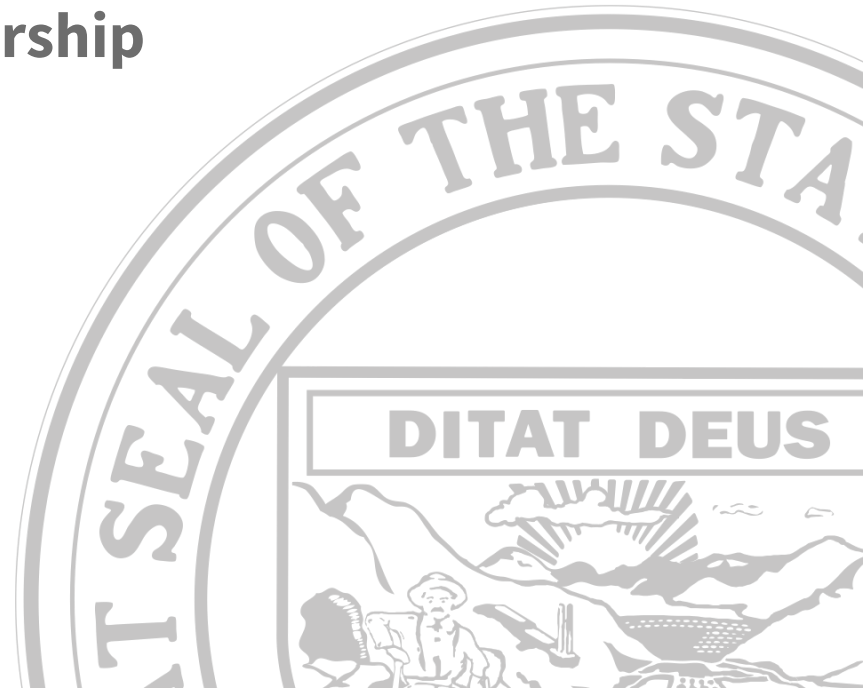


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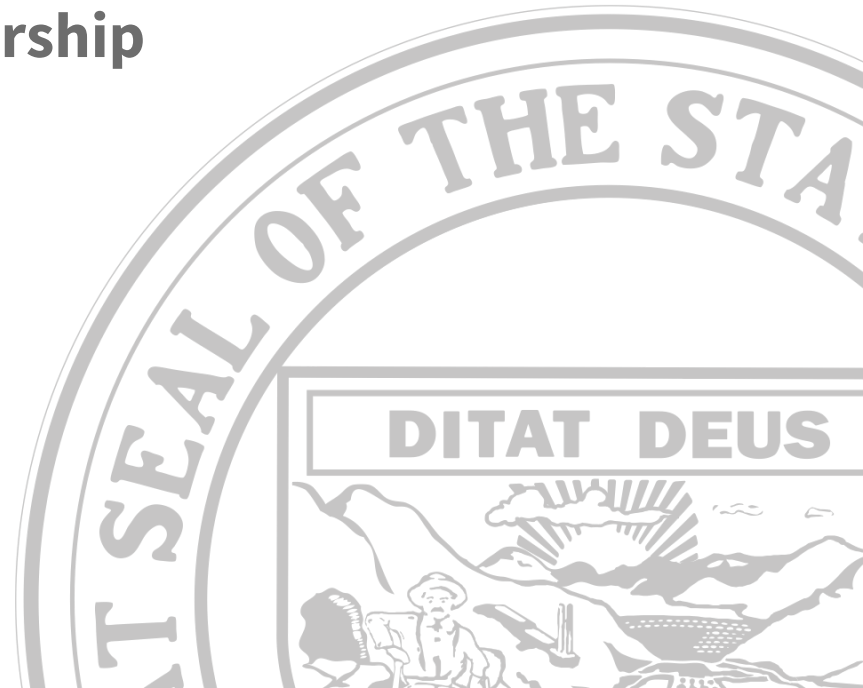
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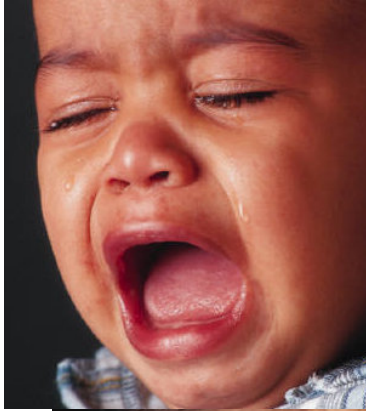
- Arizona Substance Abuse Partnership
- Overcoming ACEs: Creating Hope for a Healthier Arizona
- Marcia Stanton, MSW
February 8, 2018

Scientific Advances



- Driving paradigm shift in understanding how child development impacts human health and disease across the lifespan

The Adverse Childhood Experiences (ACE) Study



- “Probably the most important public health study you never heard of.”

Your Awareness of ACE Study?



- No Knowledge of ACE Research
- Some Knowledge
- More Than Most
- Expert

Two Categories of ACEs



1) Abuse or Neglect

- - Recurrent physical abuse
- - Recurrent emotional abuse
- - Sexual abuse
- - Emotional or physical neglect

2) Household Dysfunction

- Alcohol or drug abuser
- Incarcerated household member
- Someone chronically depressed, suicidal, institutionalized or mentally ill
- Mother being treated violently
- One or no parents

Many Other Types of Trauma

- Bullying
- Homelessness
- Growing Up in Foster Care
- Extreme Illness or Injury
- Historical Trauma
- Community Violence



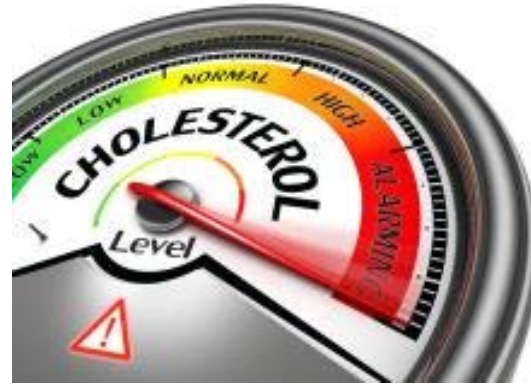
Why is This Study So Important?

- ACEs are Surprisingly Common
- Strong Predictors of Later Social Functioning, Well-Being, Health Risks, Disease, and Death

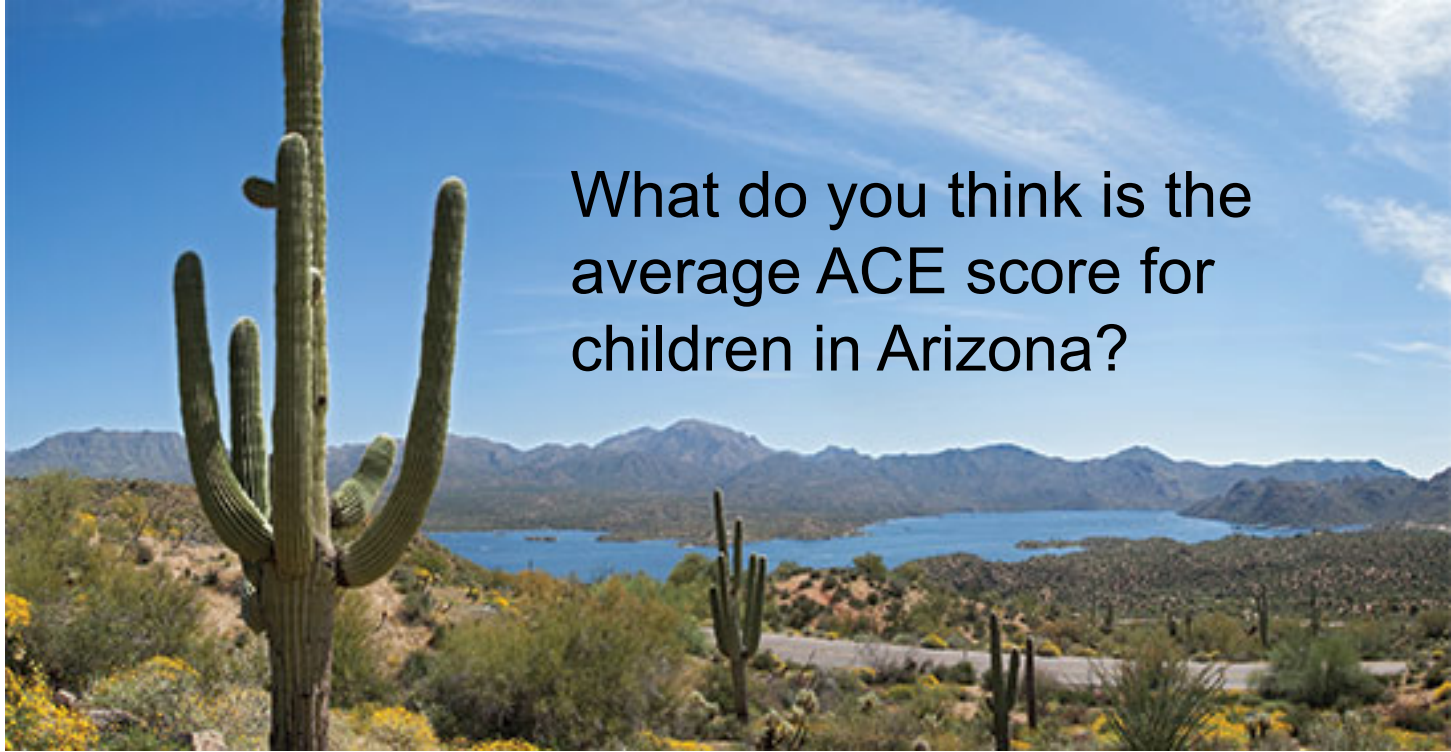


ACE Scores

- Think of ACE score as cholesterol score for childhood trauma
- The more ACEs, the greater the risk



Question



What do you think is the average ACE score for children in Arizona?

ACE Scores

- 1/3 of Adults have
- ACE Score of 0
-
- Majority of adults with
- ACE score of 0, have few,
- if any, risk factors for
- diseases that are common
- causes of death in US



- **4 or more** may result in **multiple risk factors**
- for chronic diseases or **disease** themselves
- **6 or more** may result in a **20 year decrease** in
- life expectancy



Probably of Outcomes

Given 100 people...

33%
Report No ACEs

With 0 ACEs

1 in 16 smokes

1 in 69 are alcoholic

1 in 480 use IV drugs

1 in 14 has heart disease

1 in 96 attempts suicide

51%
Report 1-3 ACEs

With 3 ACEs

1 in 9 smokes

1 in 9 are alcoholic

1 in 43 use IV drugs

1 in 7 has heart disease

1 in 10 attempts suicide

16%
Report 4-10 ACEs

With 7+ ACEs

1 in 6 smokes

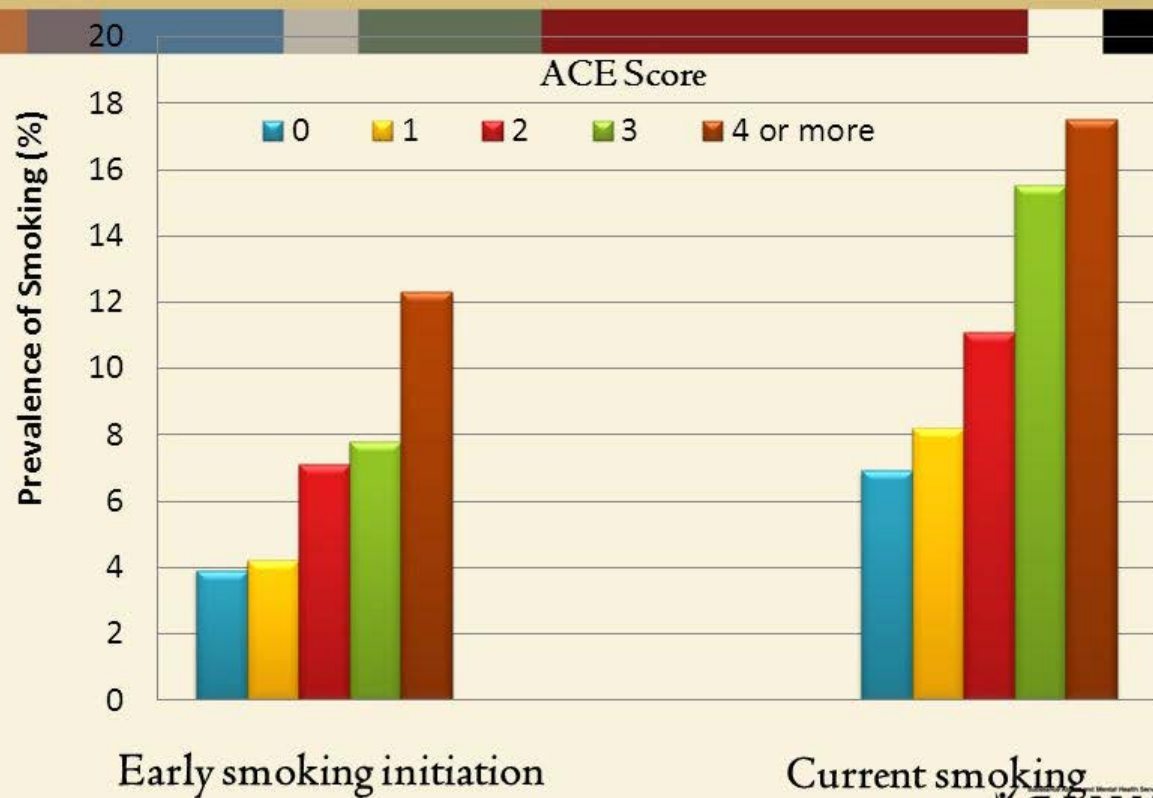
1 in 6 are alcoholic

1 in 30 use IV drugs

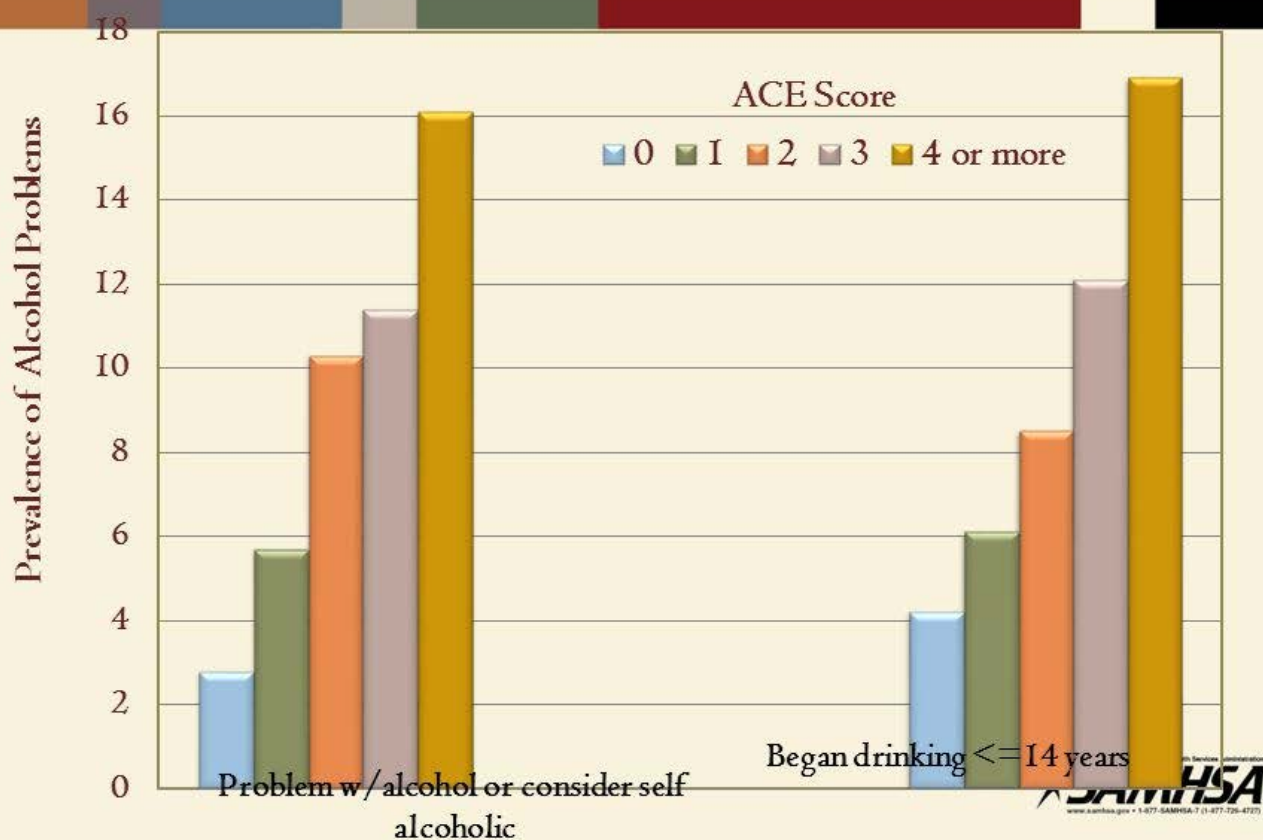
1 in 6 has heart disease

1 in 5 attempts suicide

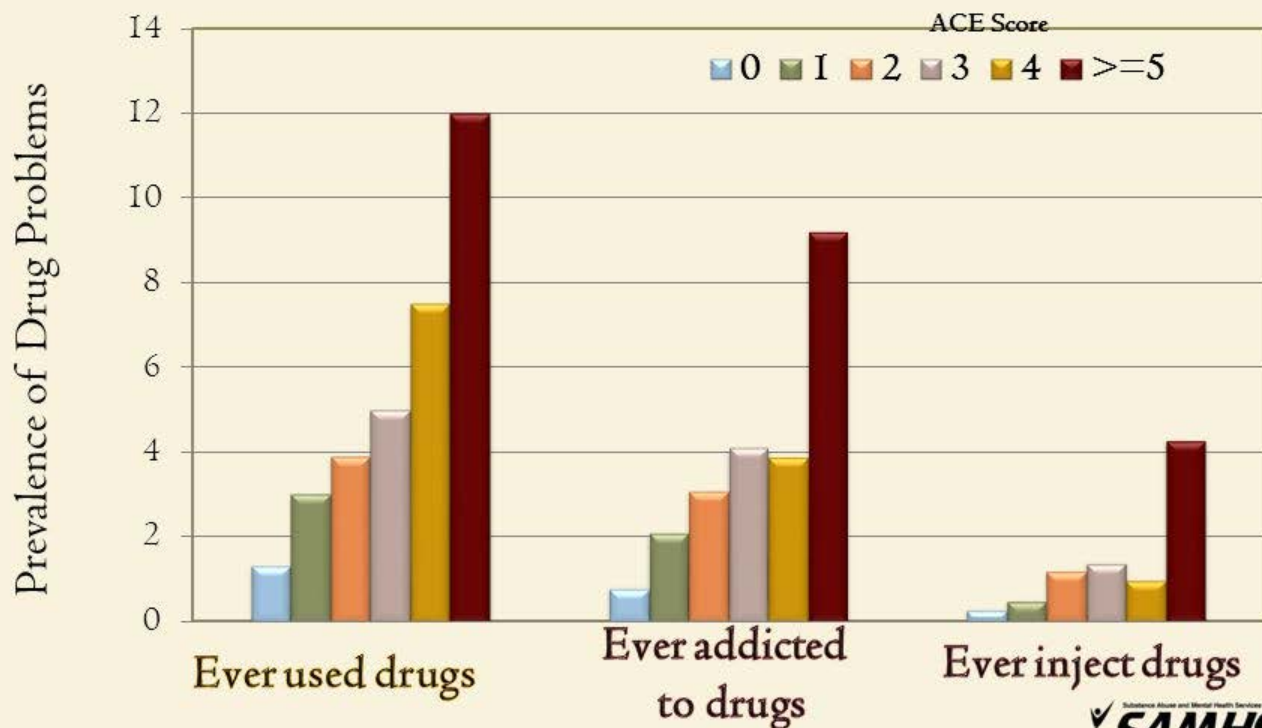
ACE Score and Smoking

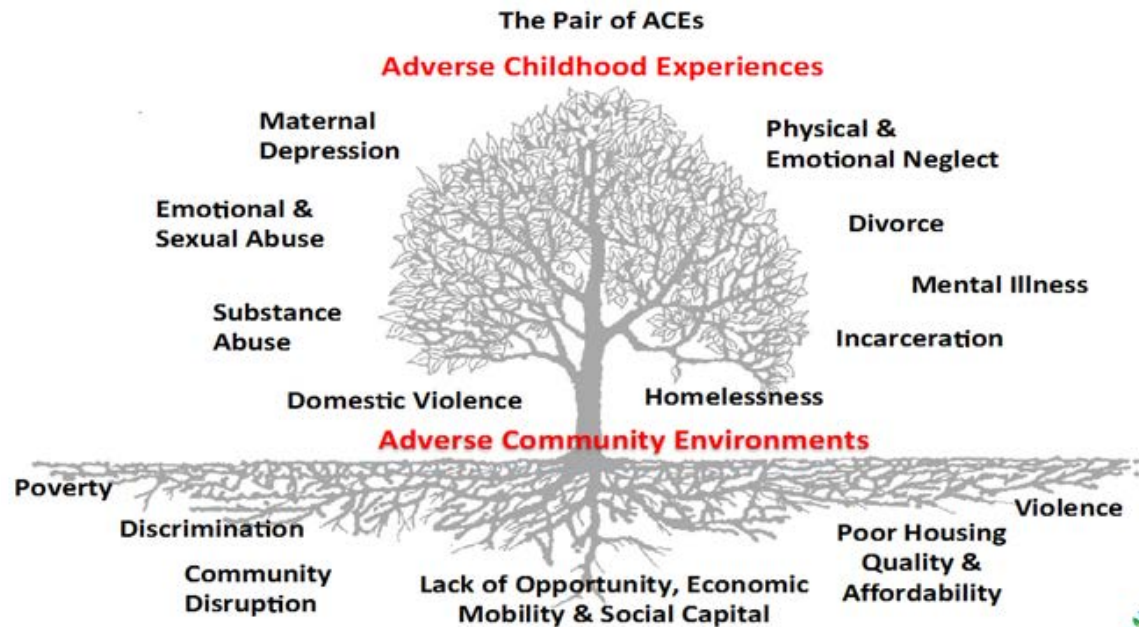


ACE Score and Alcoholism



ACE Score and Drug Abuse





Milken Institute School
of Public Health
THE GEORGE WASHINGTON UNIVERSITY

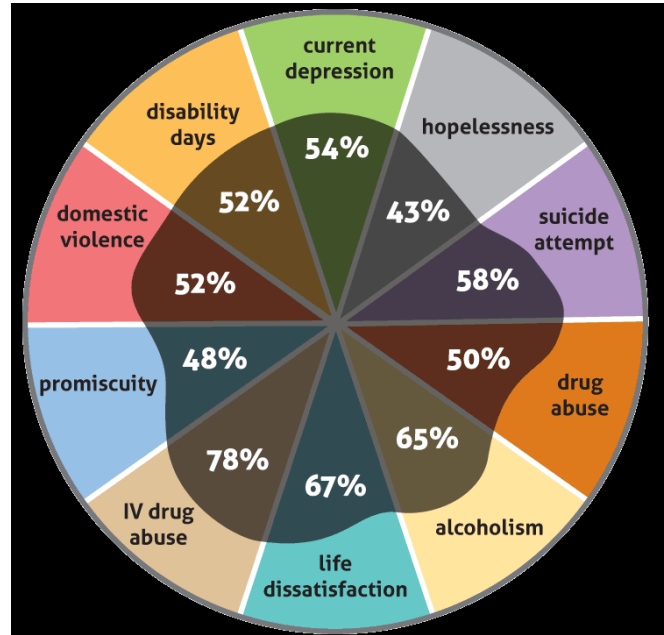
Ellis W., Dietz W. BCR Framework *Academic Peds* (2017)



ACEs are Like an Oil Spill

“A large portion of many health, safety and prosperity conditions is attributable to Adverse Childhood Experiences.”

Washington Family Council



ACEs are Interrelated and Predictive



Without
interruption,
ACEs escalate
across
generations

Creating the Right Conditions in Early Childhood

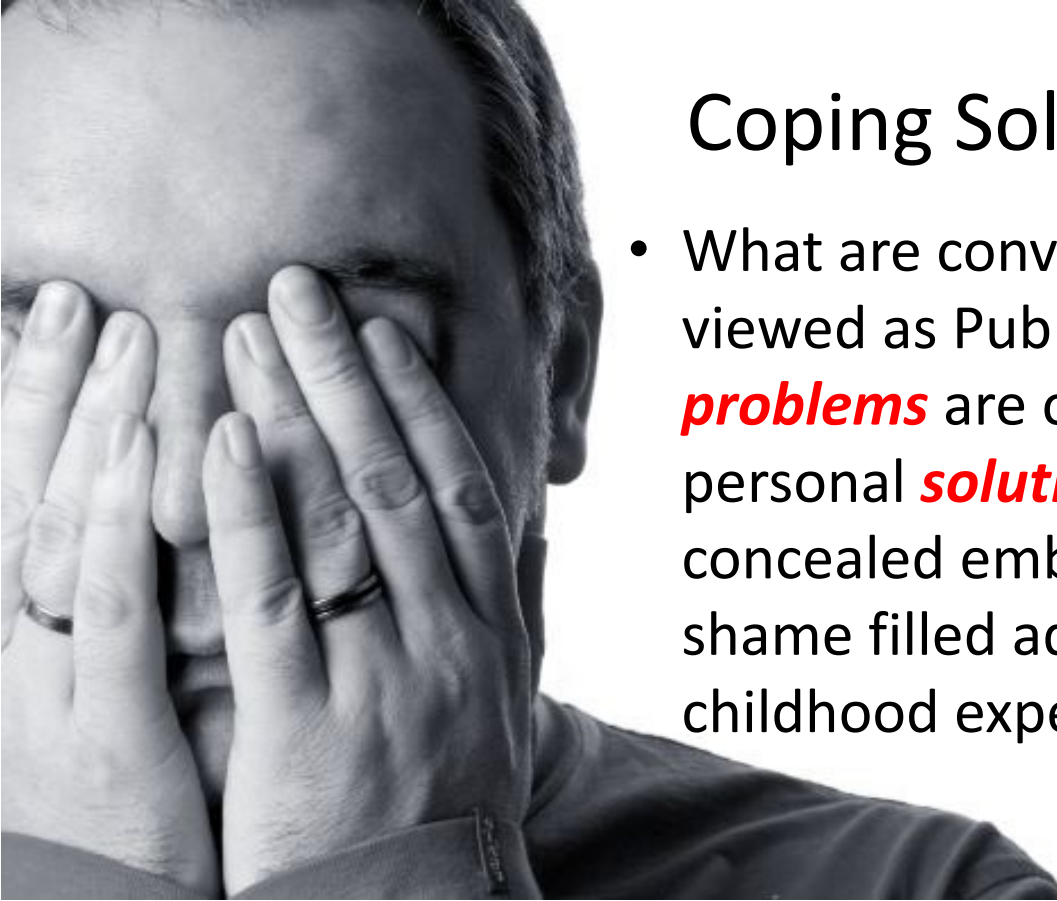
- **More effective** and **far less costly** than addressing a multitude of problems later on



ACEs and Addiction

- Findings suggest:
- A **major** factor, if not the **main** factor, underlying addiction is **ACEs that**
 - have not healed and are
 - concealed from awareness
 - by shame, secrecy, and
 - social taboo.
- ***“It’s hard to get enough of something that almost works.” Vincent Felitti, MD***





Coping Solutions

- What are conventionally viewed as Public Health *problems* are often personal *solutions* to long concealed embarrassing, shame filled adverse childhood experiences.

PREVENTION



- Prevention is single most effective long-term solution to drug abuse
- If we do not reduce the demand, we will never reduce the supply

Arizona Children

- Ethnic minority children have disproportionately higher share of **6+** ACEs
- Estimated 69,213 have **5+** ACEs



AZ Kids with 5+ ACES Would Fill University of Phoenix Stadium



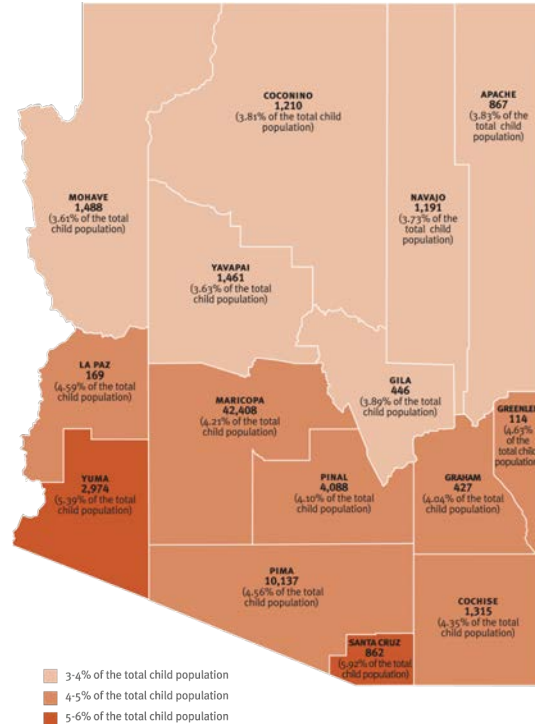
Arizona Children, 0 – 17

(2016 National Survey of Children's Health)

- Two + ACEs: **30%**
- Natl. average: **22%**



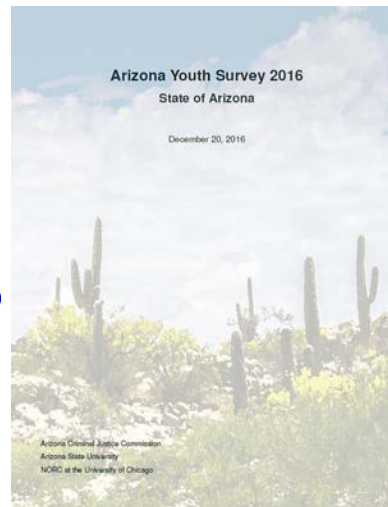
ACEs in AZ Kids



2016 AZ Youth Survey

http://www.azcjc.gov/ACJC.Web/pubs/2016_Arizona_Youth_Survey_State_Report.pdf

- Lived with Adults Insulted You – 53%
- Parents Separated or Divorced – 47%
- Lived with Alcoholic – 25%
- Lived with Someone Incarcerated - 23%
- Lived with Adults Who Fought – 23%
- Ever Lived with a Drug User – 17%
-

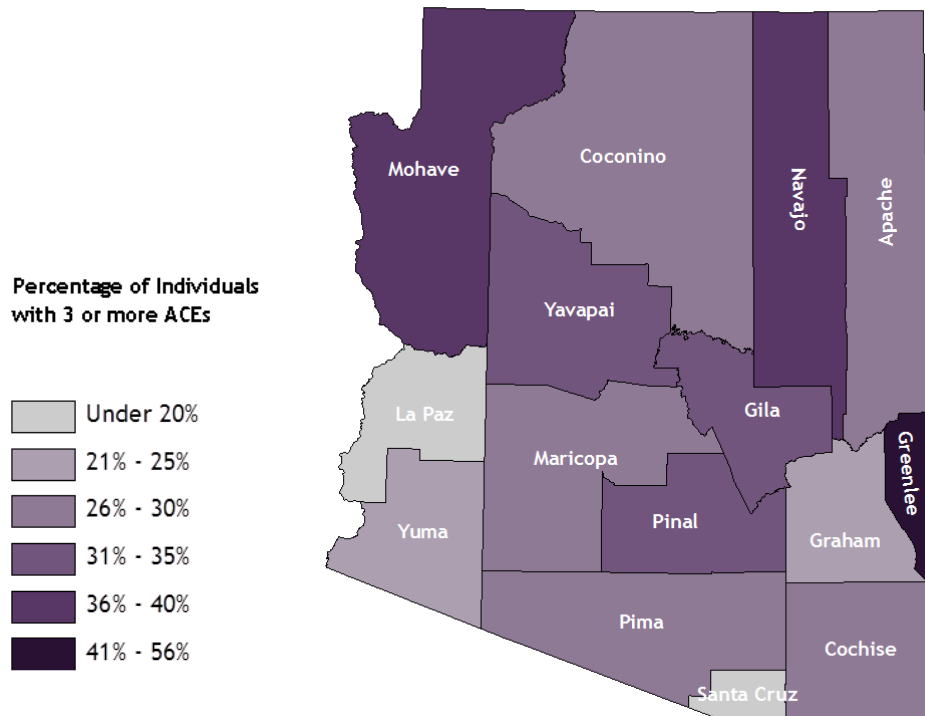


ACEs in AZ Adults (BRFSS) 2014

- Behavioral Risk Factor Surveillance System

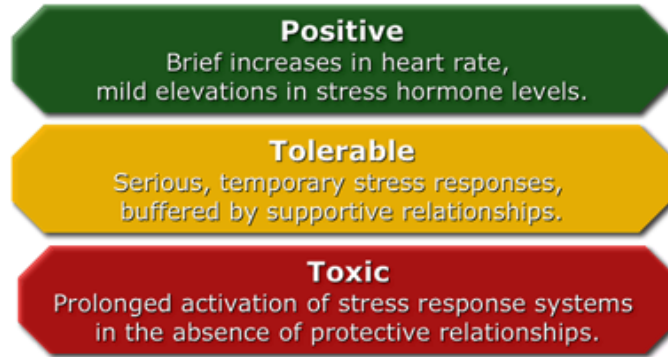
12%	Sexual Abuse- Anyone at least 5 years older than them or an adult ever touch them sexually, tried to touch them or forced to them have sex at least once
19%	Physical abuse- Parent or adult in the home hit, beat, kick or physically hurt them at least once (Spanking not included)
35%	Verbal Abuse- Parent or adult in the home ever swear at them, insult them or put them down at least once
9%	Incarcerated Household Member- Lived with anyone who served time or was sentenced to served time in prison, jail or other correctional facility
12%	Drug use in household- Lived with anyone who used illegal street drugs or abused prescription medication
16%	Mental Illness among adults- Lived with anyone who was depressed, mentally ill or suicidal
19%	Violence between Adults- Parents or adults in their home ever slap, hit, kick, punch or beat each other up at least once
24%	Drinking problem in household- Lived with anyone who was a problem drinker or alcoholic
30%	Parent separation/ divorce- Parents separated or divorced

ACEs in AZ Adults by County



How ACEs “Get Under the Skin”

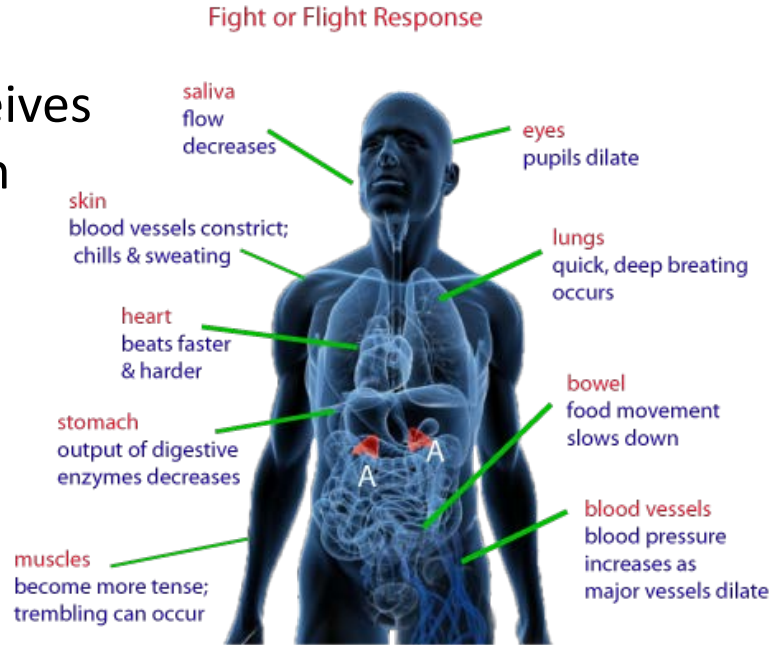
Toxic Stress



- “Extreme, frequent or extended activation of the body’s stress response, **without the buffering presence of a supportive adult.**”
- Sara B. Johnson, et al., The science of early life toxic stress for pediatric practice and advocacy, 131 PEDIATRICS 319 (2013), available at <http://pediatrics.aappublications.org/content/131/2/319.full>

Trauma Results in Over Activation of Stress Response (**Hot**) System

- When Hot System Perceives Threat, it Responds with Survival Strategies
- Hot System Behaviors are Unconscious, Automatic, Involuntary



Hand on Hot Stove

- Is behavior a planned intentional response?



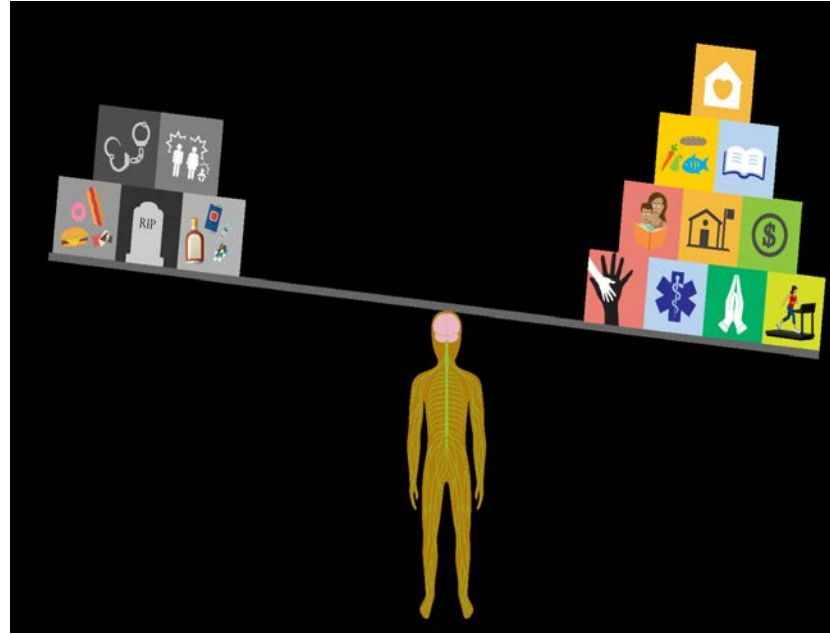
If **Hot** System Has Been On a Lot

- Threat Perception Enhanced
- More Things Activating
- Reactive Behaviors are **Physiologically Correct**,
Regardless How Annoying, Illegal or Immoral
- We Have to Get Youth Out of Alarm System
to Improve Outcomes



Tipping the Scale Towards Resilience

Positive Factors That Counterbalance Adversity



At Least 1 Stable, Caring and Supportive Relationship



Building Sense of Mastery over Their Life Circumstances



Strong Executive Function and Self-Regulation Skills



Affirming Faith or Cultural Traditions



6 Things with Demonstrated Impact on Epigenetic Regulation

<https://chronicleofsocialchange.org/news-2/nadine-burke-harris-spreads-message-impact-child-trauma>

- **Healthy Relationships**
- Sleep
- Exercise
- Nutrition
- Mindfulness
- Mental Health Interventions



Resources

- ACEs Connection - <http://www.acesconnection.com/>
- Arizona ACEs in Action - <http://www.acesconnection.com/g/arizona-aces-in-action>
- National Child Traumatic Stress Network – <http://www.nctsn.org/>
- Harvard Center for the Developing Child - <https://developingchild.harvard.edu/>
- Strengthening Families Protective Factors - <https://www.cssp.org/young-children-their-families/strengtheningfamilies/about>
- Arizona Trauma Institute - <https://aztrauma.org/>

ACEs Often Last a Lifetime . . . But They Don't Have To

- Healing can occur
- The cycle can be broken
- Safe, stable, nurturing relationships heal



“In my end is my beginning.”

~ T.S. Eliot, Four Quartets

“It is easier to build strong children than to repair broken men”

~ Frederick Douglass (1817-1895)



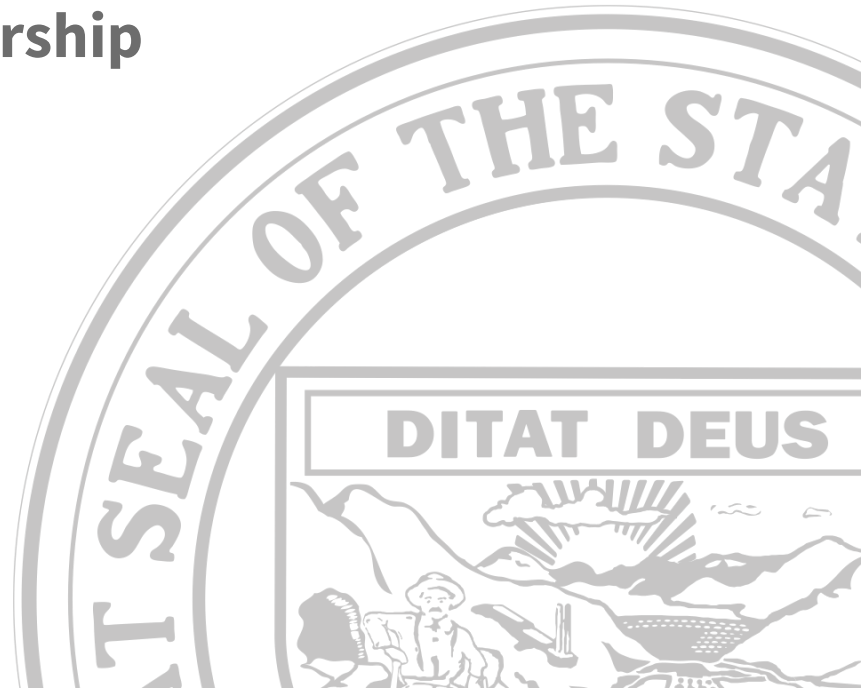
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Arizona
Substance Abuse
Partnership



SENSE

Substance
Exposed
Newborn
Safe
Environment



Why is SENSE needed?

In SFY 2015 the Child Abuse Hotline received 3,594 reports with a tracking characteristic of substance exposed newborn, 4,059 reports in SFY 2016 and 4,239 reports in SFY 2017.



What Makes SENSE?

- ▶ Families with substance exposed newborns agree to participate in the SENSE program offered by DCS after a report was made.
- ▶ SENSE is a multidisciplinary approach to ensuring children's safety and needs are met while making behavioral changes with parents.
- ▶ A coordinated service delivery in which there are up to 5 visits in the home weekly made by service providers and DCS.



Who is Eligible for SENSE?

- Any newborn exposed to substances prenatally.
- The SEN was reported to DCS as a report, with or without a legal dependency.
- The baby is going home with parents and parents agree to services, can be safe or unsafe w/safety plan.



How a SENSE case begins.....

- ▶ Mandated reporters including OB/GYN staff, hospitals, midwives and relatives with concerns report prenatal substance abuse
- ▶ Once the newborn and/or parent test positive, the parent reports drug use or a positive drug test during prenatal visits results in a report generated at the Child Abuse Hotline.





- ▶ With SENSE cases **communication** is the Key.

The parents sign a Release of Information to ALL involved providers so all providers can communicate with each other and the family.



DCS SENSE PROGRAM

Families FIRST
& Drug testing

Intensive In
Home Service
Provider

HV Nurse

Healthy Families
Parents as
Teachers
where available

DCS
In-Home
Specialist

Recovery
Coaches



Vision Statement and Guiding Principles

The vision of the Substance Abuse Treatment Fund is to build a family centered service delivery system, which promotes family independence, stability, self-sufficiency, and recovery from substance abuse, assures child safety and supports permanency for children.



Role of Arizona Families F.I.R.S.T. (AFF)

- ▶ Complete a substance abuse assessment to determine the level of treatment
- ▶ Notify client and team members of Families First treatment recommendations and appointments
- ▶ Provide substance abuse treatment and supportive services to client
- ▶ Communicate with team client's progress or relapses.



Levels of Care

- ▶ **Substance Abuse Awareness**: contemplative stage
- ▶ **Standard Outpatient**: least restrictive outpatient treatment, minimum 3 hours of group therapy a week
- ▶ **Intensive Outpatient**: most intensive outpatient treatment, minimum 8 hours group therapy a week
- ▶ **Residential**: 24 hour care treatment
- ▶ **Recovery Maintenance**: aftercare services, community resource involvement and recovery coach support

(Treatment is a combination of individual, group, and family components)



Medication Assisted Treatment (MAT)

- ▶ For use with parents who have addiction to Opioids
- ▶ Medications that reduce addiction behavior and cravings
- ▶ Medications include methadone and suboxone
- ▶ Can use MAT as long as needed to assist the person to refrain from abuse of drugs
- ▶ Breast feeding is permitted under specific circumstances, including compliance with MAT and otherwise clean toxicology screens



Neonatal Abstinence Syndrome (NAS)

- NAS may occur in a baby exposed to drugs or medication: opioids, heroin, methadone or prescription.
- Withdrawal signs usually appear 1-5 days after birth but can appear later and last 1 week to 6 months.
- Symptoms vary, but may include: diarrhea, fever, poor feeding, sleep problems, tremors, stiffness, high pitched cry, irritability, and difficulty consoling.



Role of Intensive In Home Team

- ▶ Make contact with client within 12 hours
- ▶ Assist in coordinated case plan development with family and all team members.
- ▶ Ensures infant is assessed by pediatric nurse
- ▶ Provide visits three times a week to address needs of all family members
- ▶ Provide services and support to strengthen families and mitigate risk and safety concerns



Role of the Nurse Consultant

- ▶ Infant physical and social/emotional developmental
- ▶ Denver II Developmental screen
- ▶ Ages and Stages Questionnaire (ASQ)
- ▶ Maternal Health and post partum depression
- ▶ Edinburgh Postnatal Depression Scale (EPDS)
- ▶ Second hand smoking
- ▶ Infant nutrition and safe sleep
- ▶ Well child visits and comforting techniques



Healthy Families AZ

- ▶ Families voluntarily participate in the program from pregnancy up to the child turning 5 years old
- ▶ Families must enroll prior to baby turning 90 days old
- ▶ Visits are weekly w/SENSE families
- ▶ Developmental screenings, parenting skills and family self sufficiency are goals of the program.



Role of DCS Specialist

- DCS Specialist refers family to intensive in home services, Arizona Families First and drug testing
- DCS Specialist visits the home weekly and ensures all parties are listed on weekly emails and attending the 10, 45 and 90 day staffing with the family
- DCS Specialist reviews monthly reports, nursing assessments and drug test results
- DCS Specialist reports to the court and parties case progress if applicable
- DCS Specialist provides aftercare planning at case closure



- ▶ The earlier in a case we communicate, the better the outcome for the family...and the infant.



- ▶ Communication starts with attending training, the 10, 45 and 90 day meetings and weekly emails.



In the End

DCS In Home case manager will continue contact with AFF and Healthy Families/PAT as long as the DCS case is open.

DCS will monitor the family until the DCS case is closed and review Infant Care Plan.

It is the goal of SENSE for the home visitor program such as HF or PAT services and AFF to continue after DCS case closure.



Comprehensive Addiction Recovery Act (CARA)

- ▶ Signed into law August 2016 to address SEN's
- ▶ Plans for safe care for infants identified as being affected by substance abuse or withdrawal symptoms
- ▶ States report number of infants affected, number of infants with safe care plans and number of infants for whom service referrals were made including services to parents and caregivers.



Infant Care Plan Elements

- ▶ DCS Specialists must Create an Infant Care Plan for ALL newborns prenatally exposed to alcohol or other substances
- ▶ ALL SEN cases remaining open or closing at investigations
- ▶ Create plan with parents, caretakers, providers
- ▶ Have plan signed by parents or out of home caregivers



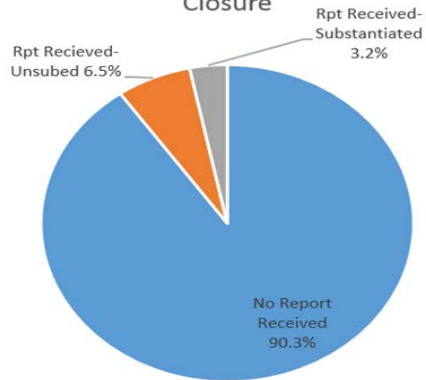
Infant Care Plan Elements

- ▶ Plan should address substance abuse treatment for parents, medical care for infant, safe sleep, knowledge of parenting and infant development, living arrangements, child care and social connections.
- ▶ Plan should be reviewed and reassessed during staffings, CFT and other meetings
- ▶ Develop Aftercare plan prior to case closure

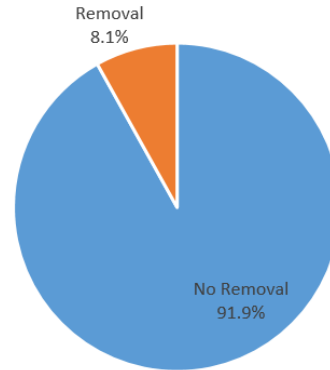


SENSE Data

Report Received within 6 months After Service Closure



Removal within 6 months After Service Closure



SFY 2014 and 2015

SFY 2014 and 2015





Questions?

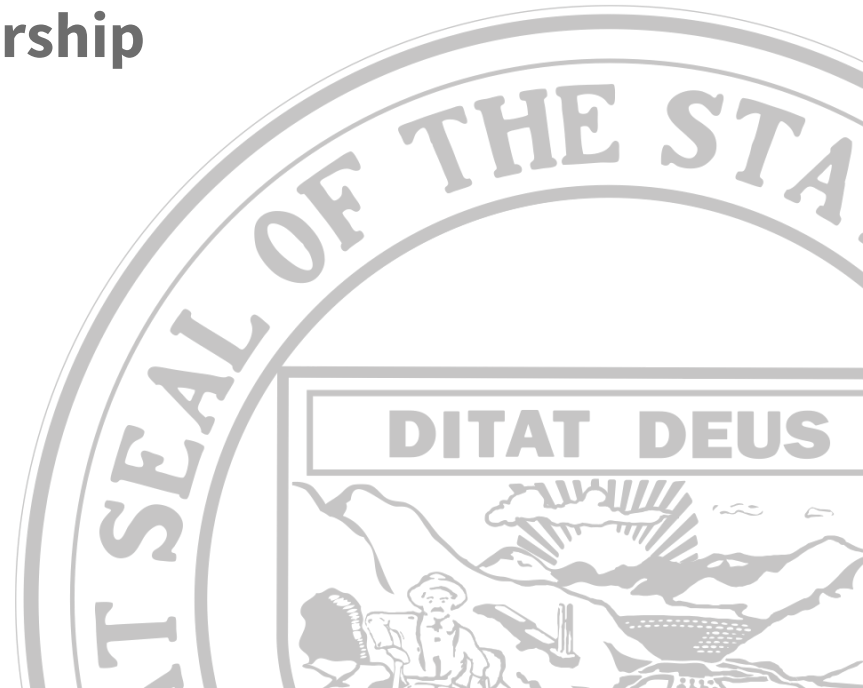
Thank you
for your time
and your
commitment
to Arizona's
Children.



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Reentry Efforts

Achieving “25 in 10”

Charles L. Ryan, Director
February 8, 2018



**ADC 10-Year Goal:
Engaged Employees and
Communities Committed
to 25% Reduction in
Recidivism**

Recidivism Reduction



Reducing recidivism will help to reduce the prison population, decrease spending for prisons, enhance safety for our communities.

Releases/Returns	FY 2014*
Releases	14,650
Inmates returned for technical violation	3,088 (21.1%)
Inmates returned for new felony conviction	2,639 (18.0%)
Inmates returned	5,727 (39.1%)

* Full 3-year follow up

ADC 5-Year Goals



1. Staff is engaged in recidivism reduction
2. Environment is conducive to recidivism reduction
3. Operational practices support recidivism reduction
4. Communities are committed to supporting recidivism and reentry
5. Inmates are engaged in preparation for successful reentry

ADC Strategic Initiatives



1. Utilize Available Compensation Strategies
2. Motivational Interviewing Training
3. Formalize the Sergeant Field Training Program
4. Staff Retention (A3 Project)
5. Inmate Management/Crisis Intervention Training
6. Staff Assaults (A3 Project)
7. Tablets and WIFI
8. Increase In-Demand Vocational Programs
9. Stabilize Inmates' Mental Health Needs
10. Transform Cognitive Restructuring to be a Major Program
11. Use of Sanctions and Interventions
12. High Risk/High Need (A3 Project)

State of the State



- “Every life matters – and no one should fall through the cracks in our society. If someone has paid their debt to society, the last thing we want is for them to find themselves back in trouble with the law, and our policy can play a role.”
- “Let’s get people off the streets; and in a job – with the goal of shutting down prisons, not building new ones. For the second year in a row, my budget will add no new prison beds.”

Governor's Budget



- Inmate Education Expansion
 - 9 FTE Correctional Education Teacher positions
 - 1 FTE Administrative Services Officer II position
- Substance Abuse Treatment Expansion
 - 13 FTE Substance Abuse Counselor positions
 - 2 FTE Program Manager positions
- Employment Center Expansion
 - 4 FTE Correctional Officer III positions
 - 1 FTE Employment Center Program Manager
 - 4 FTE Employment Specialists (Dept. of Economic Security)

Goal Council 4



- Several initiatives underway
 - UBER pilot
 - Vivitrol Pilot
 - Expansion of the Drivers License/ State Identification Program
 - Educating rental owners on compliance with fair housing regulations in context of crime free housing
 - Toolkit to assist corrections case managers with finding housing for releasing offenders
- These are just a few of the many efforts underway

Employment Centers



Other Statewide Initiatives



- Statewide Adult Recidivism Reduction Grants
- ADC Breakthrough Project – High-Target Inmate Program Placement
- Medication-Assisted Treatment – expansion of services offered to offenders on supervision
- Post-Release Fire Crew
- Hiring Ex-Offenders
- AHCCCS Applications
- Offender Employment Specialist (OES) Trainings



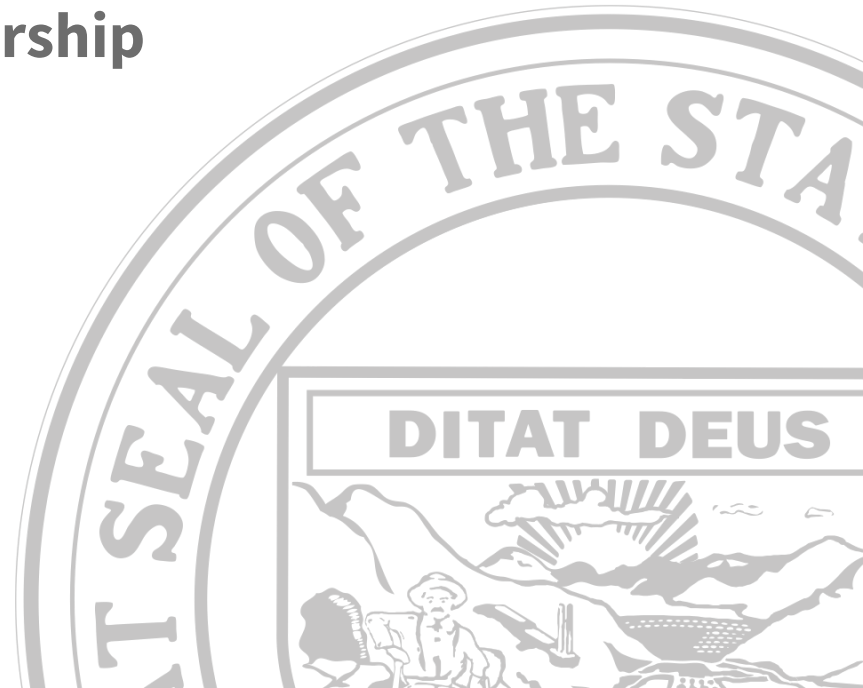
Achieving “25 in 10”



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Arizona Substance Abuse Partnership **Youth Prevention Sub-Team**

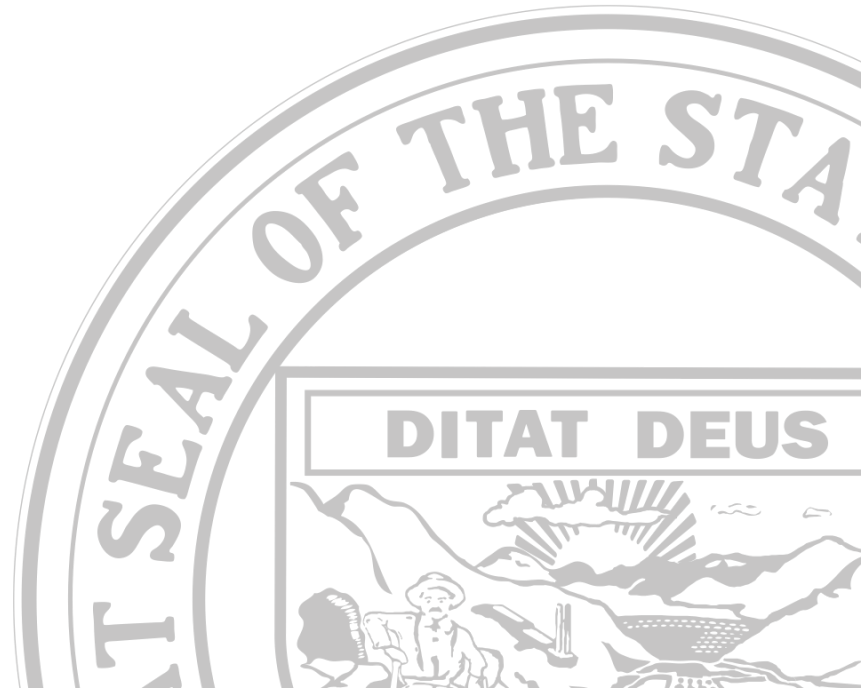
Samuel Burba

Communications Director

Governor's Office of Youth, Faith and Family



Governor's Office
of Youth, Faith
and Family



Purpose of the Youth Prevention Sub-team:

Report on the number and percent of elementary, middle, and high schools implementing substance abuse interventions

Identify evidence-based, emerging and best practice substance abuse prevention/early identification curriculum to be implemented in all Arizona schools

Identify strategies to help expand after-school opportunities for youth from 3-6 P.M. to engage in prevention-based activities

Identify resource needs and potential funding sources



Identified Gap:

Nationally, the CDC found that among the schools surveyed, **50.0 percent** of elementary schools, **66.7 percent** of middle schools and **86.9 percent** of high schools **require students receive instruction on alcohol or other drug use prevention.**

In Arizona, statute permits, **but doesn't require**, the instruction on the harmful effects of narcotic drugs, marijuana, date rape drugs, and other dangerous drugs in **grades 4-12**. The statute also **allows instruction to include the harmful effects of drugs on a human fetus in grades 6-12.**



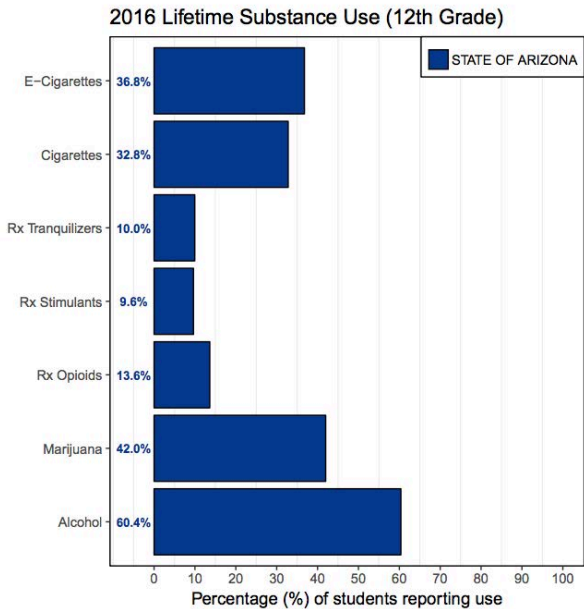
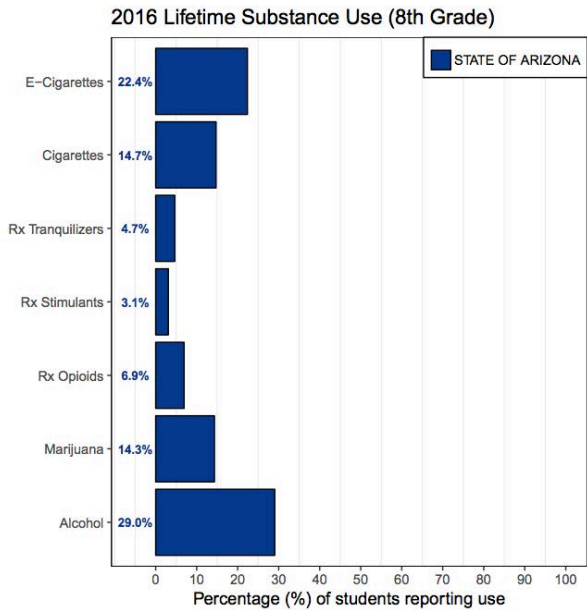
Primary Funding for Prevention Programs in Arizona:

Substance Abuse Block Grant –The Governor's Office of Youth, Faith and Family is using funding to implement school-based programs targeting middle and high school youth

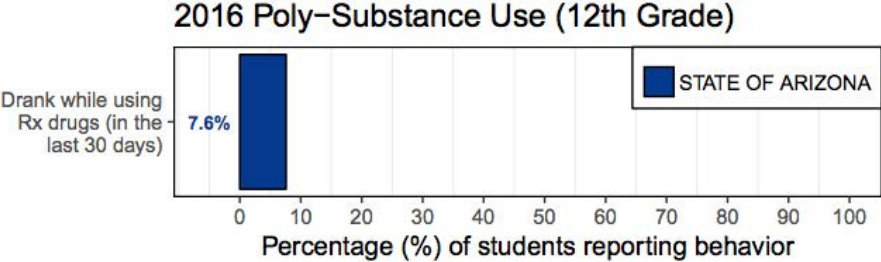
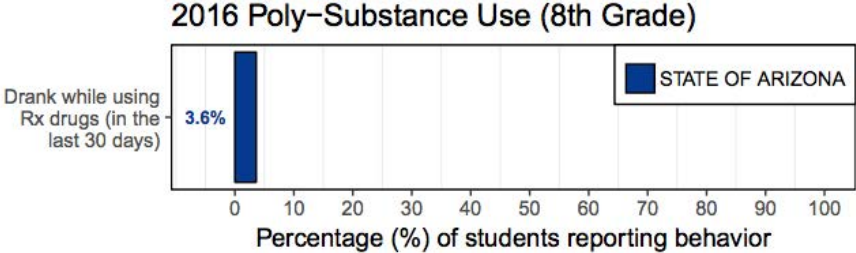
Parents Commission on Drug Education and Prevention, Partnerships For Success (SAMHSA), CDC Prescription for States – Utilized by the Governor's Office of Youth, Faith and Family and the Department of Health Services to fund community and family based prevention services primarily through substance abuse coalitions and non-profits.



Youth Data Trends in Arizona (AYS 2016)



Youth Data Trends in Arizona (AYS 2016)



Discuss Approach:

Recommend the Youth Prevention Sub-team review all relevant and meaningful early education substance abuse prevention/early identification and substance abuse treatment intervention resources in order to **identify** and **recommend** which ones will be most effective in **preventing and reducing substance use among Arizona's school-age youth** including those provided in the Arizona Substance Abuse Taskforce Report (2016).

Timeline:

Deliver report to **Goal Council 3** by **June 30, 2018**



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